

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		1		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		1		1			58				
9		1		1			59				
10		1		1			60				
11		1		1			61				
12		1		1			62				
13		1		1			63				
14		1		1			64				
15		1		1			65				
16	1		1				66				
17		1		1			67				
18		1		1			68				
19		1		1			69				
20		1		1			70				
21		1		1			71				
22		1		1			72				
23		1		1			73				
24		1		1			74				
25		1		1			75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL NO.			2				TOTAL IND.				
TOTAL DEP.	1		23		1		TOTAL DEP.	1		23	
TOTAL CLAIMS	1		25		1		TOTAL CLAIMS	1		25	